

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM813833

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Sonsio, Inc.		05/25/2018	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Sonsio, LLC		
<b>Street Address:</b>	5630 Ward Road		
<b>City:</b>	Arvada		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80002		
<b>Entity Type:</b>	Limited Liability Company: COLORADO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6206460	HERO TIRE & WHEEL	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	303-628-3636		
<b>Email:</b>	JJennings@irelandstapleton.com		
<b>Correspondent Name:</b>	John E. Jennings		
<b>Address Line 1:</b>	1660 Lincoln Street, Suite 3000		
<b>Address Line 2:</b>	Ireland Stapleton Pryor & Pascoe PC		
<b>Address Line 4:</b>	Denver, COLORADO 80264		
<b>NAME OF SUBMITTER:</b>	John E. Jennings		
<b>SIGNATURE:</b>	/John E. Jennings/		
<b>DATE SIGNED:</b>	05/30/2023		
<b>Total Attachments: 5</b>			
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OP \$40.00 6206460



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6. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Giacomini</u>	<u>Anne</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>Bryan Cave Leighton Paisner LLP</u>			
<i>(Street number and name or Post Office Box information)</i>			
<u>1700 Lincoln Street, Suite 4100</u>			
<u>Denver</u>	<u>CO</u>	<u>80203</u>	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	<u>United States</u>		
<i>(Province – if applicable)</i>	<i>(Country)</i>		

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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Colorado Secretary of State  
 Date and Time: 05/25/2018 03:20 PM  
 ID Number: 20011040088  
 Document number: 20181429498  
 Amount Paid: \$100.00

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Sonsio, LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited liability company's initial principal office is

Street address

5630 Ward Road

*(Street number and name)*

Arvada

*(City)*

CO

*(State)*

80002

*(ZIP/Postal Code)*

United States

*(Country)*

*(Province – if applicable)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province – if applicable)*

*(Country)*

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

*(Last)*

*(First)*

*(Middle)*

*(Suffix)*

or

(if an entity)

The Corporation Company

*(Caution: Do not provide both an individual and an entity name.)*

Street address

7700 E. Arapahoe Road, Suite 220

*(Street number and name)*

Centennial

*(City)*

CO

*(State)*

80012

*(ZIP Code)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name  
(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

or

(if an entity) Sonsio, Inc.  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 5630 Ward Road  
(Street number and name or Post Office Box information)

Arvada CO 80002  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

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